ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE.			
FEE DETERMINATION	PS		15/12			
O.I.P.E. CLASSIFIER		12	5/19			
FORMALITY REVIEW	Br	21423	5-24-99			

INDEX OF CLAIMS

4	Rejected		Non-elected
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	(Through numeral) Canceled		Appeal
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